

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035298

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 288

FILED OCT 14 1966

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY CALLAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY CALLAWAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FULTON		c. CITY OR TOWN FULTON	
Length of stay in 1b 40 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CALLAWAY MEMORIAL		d. STREET ADDRESS (If outside, give location) 716 WAINWRIGHT	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type of print) First HOMER Middle B Last COOK		4. DATE OF DEATH Month OCT Day 3 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-8-1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHAUFFEUR		10b. KIND OF BUSINESS OR INDUSTRY TAXI	
11. BIRTHPLACE (City and state or country) OKLAHOMA		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME MILES O. COOK		13b. MOTHER'S MAIDEN NAME ANNA BUMP	
14. NAME OF HUSBAND OR WIFE AGNES COOK		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) YES WW II	
16. SOCIAL SECURITY NO. 1072 AGNES COOK		17. INFORMANT Address FULTON, MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial collapse infection Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. old coronary disease with anterior & posterior thromboses DUE TO (b) Coronary thromboses DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 9 days 11 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 4:20 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from April 1963 to 30 Oct 63 and last saw him alive on 30 Oct 63		Death occurred at 4:20 am on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE E.R. Gish (Degree or title) MD		22b. ADDRESS Fulton, Mo	
22c. DATE SIGNED 30 Oct 63		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE 10-5-1963		23c. NAME OF CEMETERY OR CREMATORY CALLAWAY MEM Gdns	
23d. LOCATION (City, town, or county) FULTON, MO		23e. DATE RECD. BY LOCAL REG. Oct. 7-1963	
24. FUNERAL DIRECTOR ADDRESS MAURIN FAVORAL Home FULTON, MO		26. REGISTRAR'S SIGNATURE Maritta Lawrence	

USE BLACK INK
OR
TYPEWRITER RIBBON

OCT 14 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas M. Emmons

Licensed Embalmer No. 5064

P. O. Address Sutton, Ind

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.